



# Incident Investigation Portal

## INVESTIGATION WORKSHEET

"All Information in the Summary should be ACCURATE and TIMELY"

### Purpose and Overview

This Investigation Worksheet is a reference document and tool providing all required and the vast majority of all other questions and information fields needed for completing incident investigation records in the online Incident Investigation Portal (Portal). Use this worksheet during the incident investigation process to support capturing information details before starting to enter them in the Portal.

### Important Note:

Since the Portal does not save the progress, make sure prior to starting the data entry in the Portal you:

- have any needed picture files ready to be attached and
- addressed every required field – those marked with an asterisk (\*) – here in this worksheet.

This will ensure you have everything needed to complete the incident investigation and prevent you from having to re-enter all the information.

### Directions

- Completing an incident in the Portal creates an official report required for the incident investigation.
- Use the check box column to check off most items in the worksheet. When multiple items are listed in the same row, use the box in front of the item to check it off.
- Use the Comments column to take any notes that provide meaning or context to the incident.
- Certain Portal fields will create lists of options that will dynamically change based on previous answers provided in the Portal. Therefore, this worksheet may not show all possible answers the Portal requires.
- Start with entering the Incident Number below.

#### \* Incident Number:

Check the email information for the Incident Number.

TAB 1 - INVESTIGATION:				✓	Comments
<b>Type of Incident</b>					
<i>Check the box in front of the item that applies.</i>					
<input type="checkbox"/>	• Employee Injury	<input type="checkbox"/>	• Customer Injury		
<input type="checkbox"/>	• Vehicle Damage	<input type="checkbox"/>	• Property Damage		
<b>Description of Incident</b>					
<b>Severity of Incident</b>					
<input type="checkbox"/>	• Employee Injury – Low: No Medical Attention / First Aid				
<input type="checkbox"/>	• Employee Injury – Medium: Medical Attention / Less than 3 Days Lost Time, Hospital Outpatient				
<input type="checkbox"/>	• Employee Injury – High: Medical Attention / 3+ Days Lost Time / Hospital Inpatient				
<input type="checkbox"/>	• Other – Low: Cosmetic, ding, scratch etc.				
<input type="checkbox"/>	• Other – Medium				
<input type="checkbox"/>	• Other – High				

### Incident Summary - Directions:

- Always ensure your summary includes the 4W's: WHO was involved (the role or job position of the person involved, not the person's name), and WHEN, WHERE, and WHAT happened as a result of the incident.
- One purpose of this summary is to discover if the role of the person, at the time of the incident, was operating within or outside the job function; and whether the person was performing one or more than one job role at the time.





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<b>Tool Contributing to Injury</b> <i>Write the name of the tool that contributed to the injury</i>		
<b>Object Contributing to Injury</b> <i>Write the name of the object that contributed to the injury</i>		

TAB 1 - INVESTIGATION: Continued				✓	Comments
<b>* Job Being Performed</b> <i>Mark the box in front of the item that applies</i>					
<input type="checkbox"/>	• Removing Assembly	<input type="checkbox"/>	• Installing Assembly		
<input type="checkbox"/>	• Balancing Tires	<input type="checkbox"/>	• Unloading Truck		
<input type="checkbox"/>	• Benediction	<input type="checkbox"/>	• Putting Away Inventory		
<input type="checkbox"/>	• Changing Tires	<input type="checkbox"/>	• Using Ladder		
<input type="checkbox"/>	• Using Conveyor	<input type="checkbox"/>	• Lowering the Vehicle with Lift		
<input type="checkbox"/>	• Air Check	<input type="checkbox"/>	• Lowering the Vehicle with Jack		
<input type="checkbox"/>	• Using HTS	<input type="checkbox"/>	• Pulling into the Bay		
<input type="checkbox"/>	• Inflating Tires	<input type="checkbox"/>	• Pulling Vehicle out of the Bay		

TAB 2 – EMPLOYEE INFORMATION: Task, Role, Time in Role, Additional Employees, and Best Practice Category				✓	Comments
<b>* Task Being Performed</b> <i>(Briefly describe the task(s))</i> <b>Note:</b> The list of tasks will dynamically change based on the answer to the Job Being Performed field from Tab 1. The tasks from the Best Practice are shown in the Portal drop-down list. <i>Use the rows below to take some notes on the Best Practice task being performed.</i>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					



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TAB 2 – EMPLOYEE INFORMATION: Continued		✓	Comments
<b>*Time with Company for Injured Employee</b> <i>Write an estimated time.</i>			
<b>*The Injured Employee's Role at Time of Injury</b> <i>Write the role.</i>			
<b>* Time in Role for Injured Employee</b> <i>Write an estimated time.</i>			

TAB 2 – EMPLOYEE INFORMATION: Continued		✓	Comments
<b>Additional Employees Involved?</b> <i>(If "Yes," continue using this section of the worksheet. If "No," skip to the next section.)</i>			
<input type="checkbox"/> • Yes	<input type="checkbox"/> • No		
<b>* Time with Company for Employee 2</b> <i>Write an estimated time.</i>			
<b>* Role at Time of Incident Employee 2</b> <i>Write the Role.</i>			
<b>* Time in Role for Employee 2</b> <i>Write an estimated time.</i>			

TAB 2 – EMPLOYEE INFORMATION: Continued		✓	Comments
<b>Additional Employees Involved?</b> <i>(If "Yes," continue using this section of the worksheet. If "No," skip to the next section.)</i>			
<input type="checkbox"/> • Yes	<input type="checkbox"/> • No		
<b>* Time with Company for Employee 3</b> <i>Write an estimated time.</i>			
<b>* Role at Time of Incident Employee 3</b> <i>Write the role.</i>			



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<b>* Time in Role for Employee 3</b> <i>Write an estimated time.</i>		

TAB 3 – INCIDENT FACTS: Gather ACCURATE and TIMELY information		✓	Comments
<b>Environment</b> <i>Write an estimated environment weather condition.</i>			
<b>* Did Customer Demand Exceed the Schedule?</b>			
<input type="radio"/> Yes	<input type="radio"/> No		
<b>* Store Manager on Duty</b>			
<input type="radio"/> Yes	<input type="radio"/> No		
<b>* Sr Assistant Manager on Duty</b>			
<input type="radio"/> Yes	<input type="radio"/> No		

		✓	Comments
<b>* Bay Time</b> <i>Write an estimated time.</i>			
<b>* Customer Wait Time</b> <i>Write an estimated time.</i>			
<b>* Work Flow Type</b> <i>Check the type.</i>			
<input type="radio"/> Mirror			
<input type="radio"/> Non-Mirror			
<input type="radio"/> Bayside			
<b>* Work Flow Play</b> <i>Check the play.</i>			
<input type="radio"/> 2-person play			
<input type="radio"/> 3-person play			
<input type="radio"/> 4-person play			

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TAB 3 – INCIDENT FACTS: Continued				✓	Comments
<b>* Why was the Task not Completed According to the Best Practice</b> <i>Check the item(s) that apply.</i>					
<input type="checkbox"/>	• Not Applicable. BPs were followed	<input type="checkbox"/>	• The Employee did not know the BPs		
<input type="checkbox"/>	• There is no known or written BP	<input type="checkbox"/>	• Employee not capable of performing task		
<input type="checkbox"/>	• The BP steps did not anticipate this issue	<input type="checkbox"/>	• Job procedure encourages deviations		
<input type="checkbox"/>	• Employee deviated from the BP	<input type="checkbox"/>			

TAB 3 – INCIDENT FACTS: Continued				✓	Comments
<b>* What PPE was the Employee Wearing at the Time of the Event?</b> <i>Check the item(s) that apply.</i>					
<input type="checkbox"/>	• Safety Glasses	<input type="checkbox"/>	• Footwear		
<input type="checkbox"/>	• Goggles	<input type="checkbox"/>	• Ear Plugs		
<input type="checkbox"/>	• Face Shield	<input type="checkbox"/>	• Earmuffs		
<input type="checkbox"/>	• Gloves	<input type="checkbox"/>	• None		
<input type="checkbox"/>	• Reflective Top	<input type="checkbox"/>			

TAB 3 – INCIDENT FACTS: Continued				✓	Comments
<b>* How did the PPE Contribute to the injury?</b> <i>Check the item(s) that apply.</i>					
<input type="checkbox"/>	• Not Applicable. PPE was effective or not a factor				
<input type="checkbox"/>	• The appropriate PPE was not specific for the job				
<input type="checkbox"/>	• The appropriate PPE was not available				
<input type="checkbox"/>	• Employee did not know the PPE requirement				
<input type="checkbox"/>	• PPE was not used properly				
<input type="checkbox"/>	• Employee did not know PPE use/maintain				
<input type="checkbox"/>	• PPE was not adequate				

<b>* Where was the Service Coordinator at the Time of the Event?</b> <i>Write the location.</i>					
<b>* Where was the Crew Chief at the Time of the Event?</b> <i>Write the location.</i>					
<b>* Where in the store did the event occur?</b> <i>Write the location.</i>					

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TAB 3 – INCIDENT FACTS: Continued		✓	Comments
<b>* How did the Equipment/Tool/Object Contribute to the Event?</b> <i>Check the item(s) that apply.</i>			
<input type="checkbox"/>	• Not Applicable. Equipment/Tool/Object did not contribute to event	<input type="checkbox"/>	
<input type="checkbox"/>	• Equip/Tool/Object was defective/damaged/malfunctioning	<input type="checkbox"/>	
<input type="checkbox"/>	• The defect/damage/malfunction not recognized	<input type="checkbox"/>	
<input type="checkbox"/>	• The defect/damage/malfunction recognized, not reported	<input type="checkbox"/>	
<input type="checkbox"/>	• EE not informed of hazardous procedure	<input type="checkbox"/>	
<input type="checkbox"/>	• Insp process did not detect hazardous condition	<input type="checkbox"/>	
<input type="checkbox"/>	• Correct equip/tool not used	<input type="checkbox"/>	
<input type="checkbox"/>	• Correct equip/tool not available	<input type="checkbox"/>	
<input type="checkbox"/>	• EE did not know equip/tool location	<input type="checkbox"/>	
<input type="checkbox"/>	• Substitute equip/tool was used	<input type="checkbox"/>	
<input type="checkbox"/>	• Equip/tool created stress	<input type="checkbox"/>	

TAB 3 – INCIDENT FACTS: Continued		✓	Comments
<b>* How did the Position of the Equipment of another Employee Contribute to the Event?</b> <i>Check the item(s) that apply.</i>			
<input type="checkbox"/>	• Not Applicable. Environment was Not Hazardous	<input type="checkbox"/>	
<input type="checkbox"/>	• Equip Hazardous Position Not Recognized	<input type="checkbox"/>	
<input type="checkbox"/>	• Equip Hazardous Position Not Reported	<input type="checkbox"/>	
<input type="checkbox"/>	• Employee Not Informed of Hazardous Position Procedures	<input type="checkbox"/>	
<input type="checkbox"/>	• Employee was Not to be in Equipment Vicinity	<input type="checkbox"/>	
<input type="checkbox"/>	• Hazardous Positioning Not Visible to Employee	<input type="checkbox"/>	
<input type="checkbox"/>	• Workspace was Not Sufficient	<input type="checkbox"/>	

TAB 3 – INCIDENT FACTS: Continued		✓	Comments
<b>*Which Manager was in the Area of the Event?</b> <i>Write the role.</i>			
		<input type="checkbox"/>	

TAB 3 – INCIDENT FACTS: Continued		✓	Comments
<b>* How Did Management System Contribute?</b> <i>Check the item(s) that apply.</i>			
<input type="checkbox"/>	• Not Applicable. Management System Did Not Contribute	<input type="checkbox"/>	
<input type="checkbox"/>	• Supervisor Did Not Anticipate the Hazard	<input type="checkbox"/>	
<input type="checkbox"/>	• BP Deviation Went Undetected	<input type="checkbox"/>	
<input type="checkbox"/>	• No Hazard Review for Infrequent Tasks	<input type="checkbox"/>	
<input type="checkbox"/>	• Accountability Not Defined/Known	<input type="checkbox"/>	
<input type="checkbox"/>	• Supervisor Not Trained in Accident Prevention	<input type="checkbox"/>	
<input type="checkbox"/>	• Hazardous Condition Not Corrected	<input type="checkbox"/>	

<b>* Location Of Event?</b> <i>Write the location.</i>			
		<input type="checkbox"/>	



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TAB 4 – CORRECTIVE ACTION: The prevention and solution for future safety		✓	Comments
<b>* Describe the Corrective Action/Preventative Action</b> Use all investigation notes and conversations with Store Management to write the appropriate Corrective Action/Preventative Action. <i>Use this worksheet space below to write the Corrective Action.</i>			

TAB 4 – CORRECTIVE ACTION: Continued		✓	Comments
<b>* How Will the Corrective/Preventative Action be Implemented?</b> <i>Check the item(s) that apply.</i>			
<input type="checkbox"/> Accountability and Enforcement	<input type="checkbox"/> Training or Coaching		
<input type="checkbox"/> Communication	<input type="checkbox"/> Utilize Best Practice		
<input type="checkbox"/> Equipment or Tool	<input type="checkbox"/> Work Direction		
<input type="checkbox"/> Improve Best Practice	<input type="checkbox"/> Work Preparation		
<input type="checkbox"/> Incentive	<input type="checkbox"/> Work Supervision		
<input type="checkbox"/> Inspection or Audit	<input type="checkbox"/> Safety Huddle		
<input type="checkbox"/> Maintenance	<input type="checkbox"/> Adding PPE		
<input type="checkbox"/> Observation			

<b>* Implementation Completion Date</b> <i>Write the date.</i>	

TAB 4 – CORRECTIVE ACTION: Continued		✓	Comments
<b>* Which PSE Puzzle Piece(s) Will be Impacted by Corrective/Preventative Action?</b> <i>Check the item(s) that apply.</i>			
<input type="checkbox"/> Recruiting, training coaching, and mentoring			
<input type="checkbox"/> Right number of qualified people scheduled			
<input type="checkbox"/> Clear roles and expectations			
<input type="checkbox"/> Environment ready			

<b>Did this investigation result in the need for attachments of photos or communication from the Corporate Safety Investigator to provide additional files needed in this investigation?</b> (If "Yes," write the file name(s) requested from the Corporate Safety Investigator)	
<input type="checkbox"/> Yes	<input type="checkbox"/> No